

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100655

FILED
Jan 10, 2011
Secretary of State

Entity Name: SIGNATURE SMILE FAMILY DENTISTRY, PL

Current Principal Place of Business:

1520 SOUTH OAKS DRIVE
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

3650 MURRELL RD
124
ROCKLEDGE, FL 32955 US

Current Mailing Address:

1520 SOUTH OAKS DRIVE
MERRITT ISLAND, FL 32952 US

New Mailing Address:

3650 MURRELL RD
124
ROCKLEDGE, FL 32955 US

FEI Number: 27-1179902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRILL, HILARY H
1520 SOUTH OAKS DRIVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR
Name: PRILL, HILARY H
Address: 3650 MURRELL RD 124
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HILARY H PRILL

DR.

01/10/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date